

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



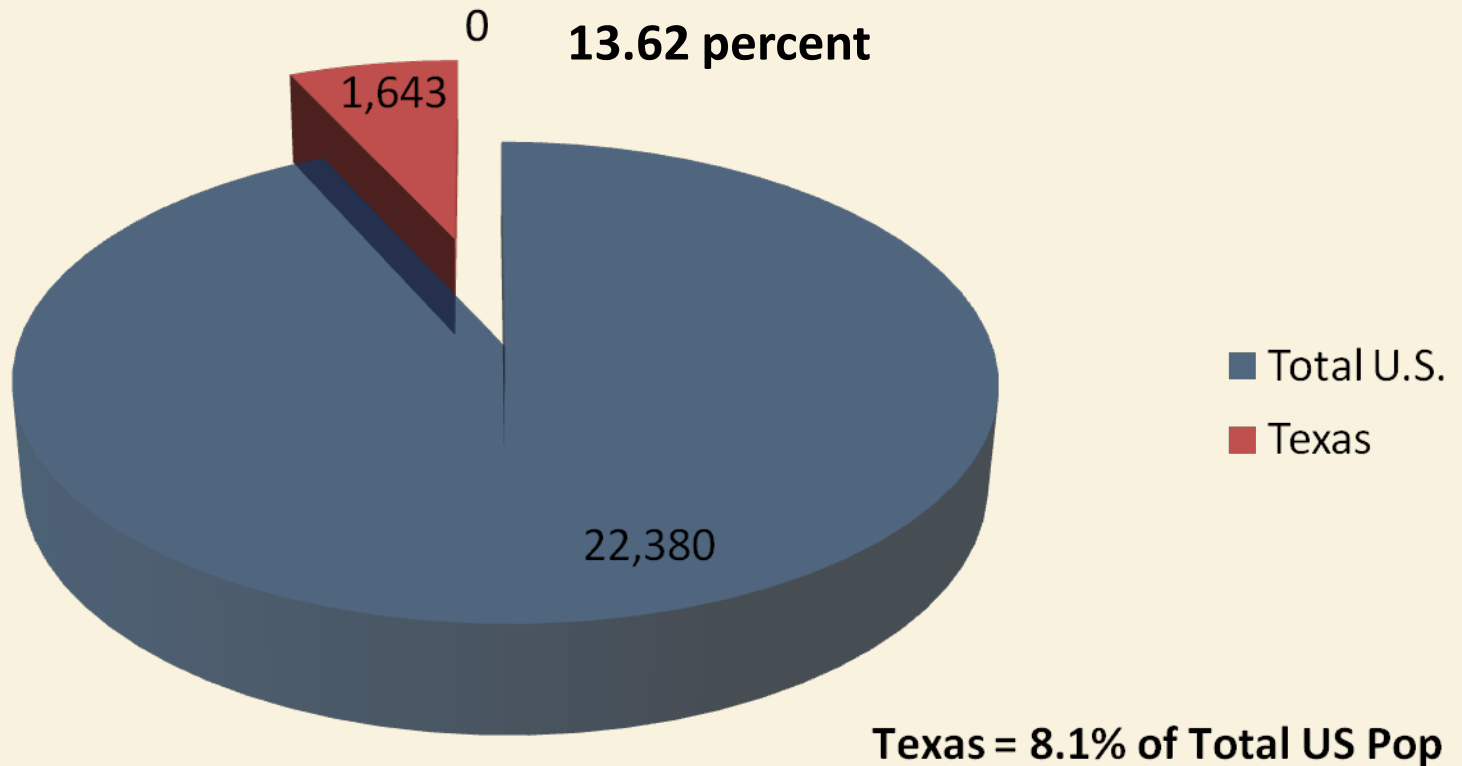
# Shaping the Future: Challenges and Opportunities

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Annual Texas Behavioral Health Institute  
Austin, TX • July 18, 2011

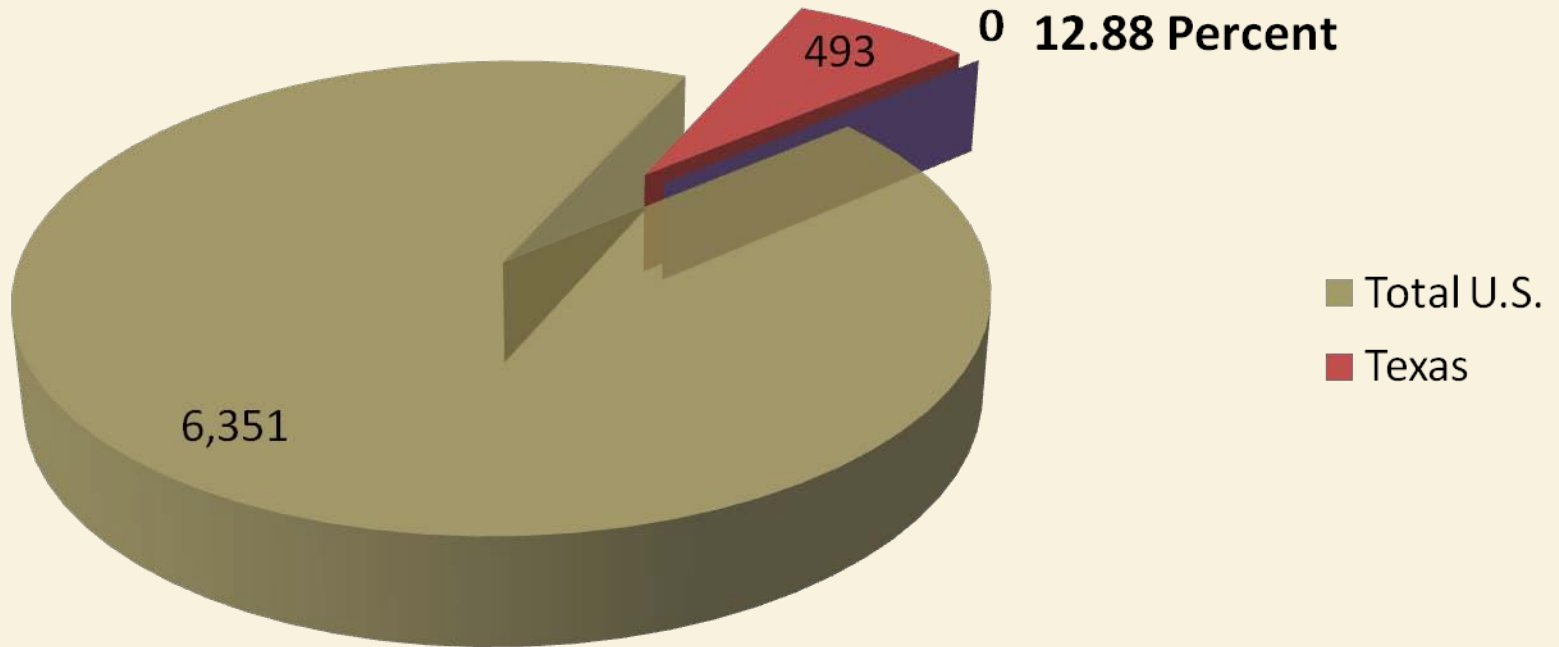


# Alcohol or Illicit Drug Dependence or Abuse



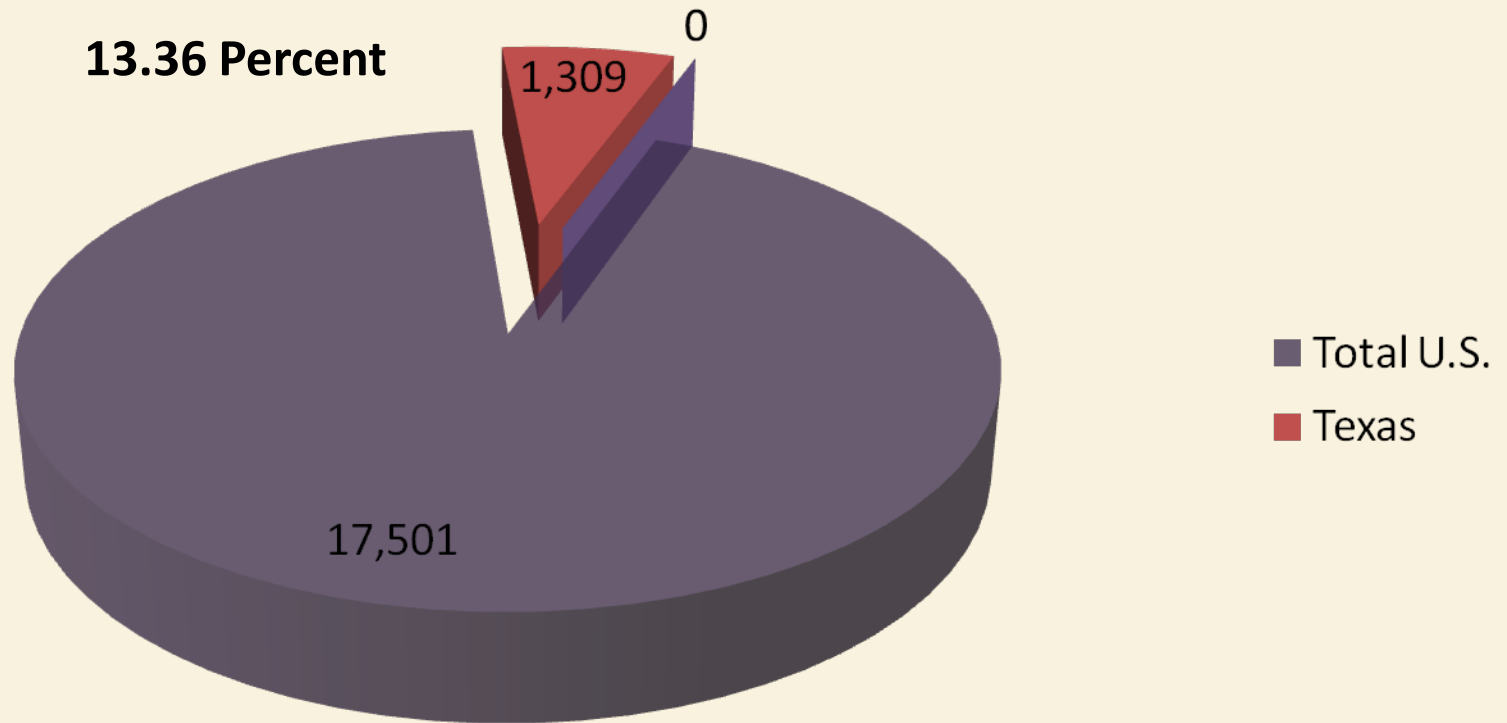
By Age Group 12+  
Estimated Numbers (in Thousands)  
Annual Averages Based on 2008-2009 NSDUHs

# Needing But Not Receiving Treatment for Illicit Drug Use



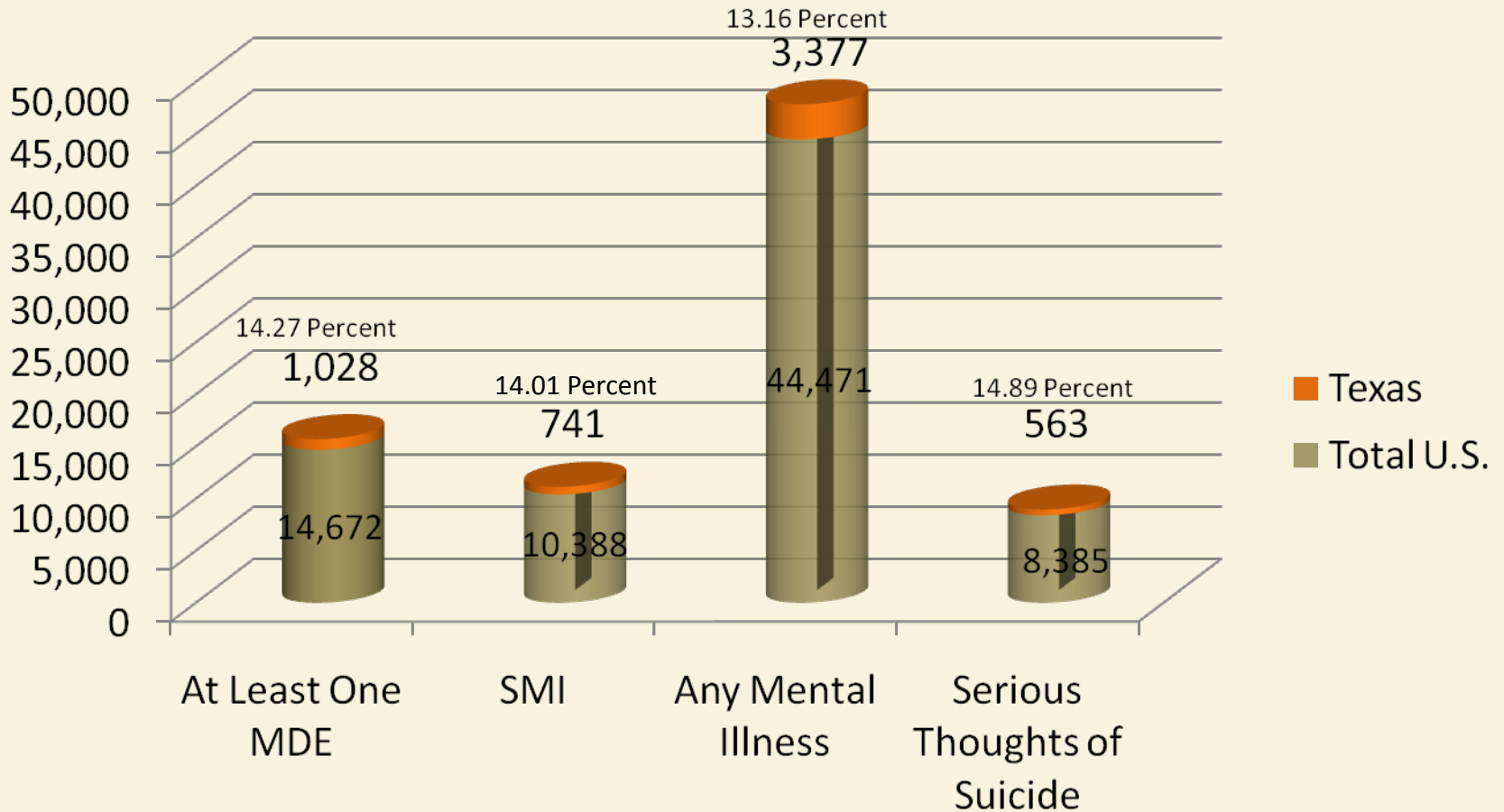
By Age Group 12+  
Estimated Numbers (in Thousands)  
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# Needing But Not Receiving Treatment for Alcohol Use



By Age Group 12+  
Estimated Numbers (in Thousands)  
Annual Averages Based on 2008-2009 NSDUHs

# PAST YEAR MENTAL HEALTH



By Age Group 18+  
 Estimated Numbers (in Thousands)  
 Annual Averages Based on 2008-2009 NSDUHs

# FOCUS AREAS FOR TODAY'S DISCUSSION

- CONTEXT OF CURRENT CHANGE
- HEALTH REFORM
- RECOVERY
- NATIONAL BEHAVIORAL HEALTH QUALITY FRAMEWORK
- NATIONAL DIALOGUE ON ROLE OF BEHAVIORAL HEALTH

# CONTEXT OF CHANGE – 1

## → Budget constraints

- Unprecedented economic challenges
- \$3.2B less state MH money; (total less SA unknown)
- ~ \$850M less maintenance of effort (MOE) last year
- ~ \$750M less MOE this year, as of early July

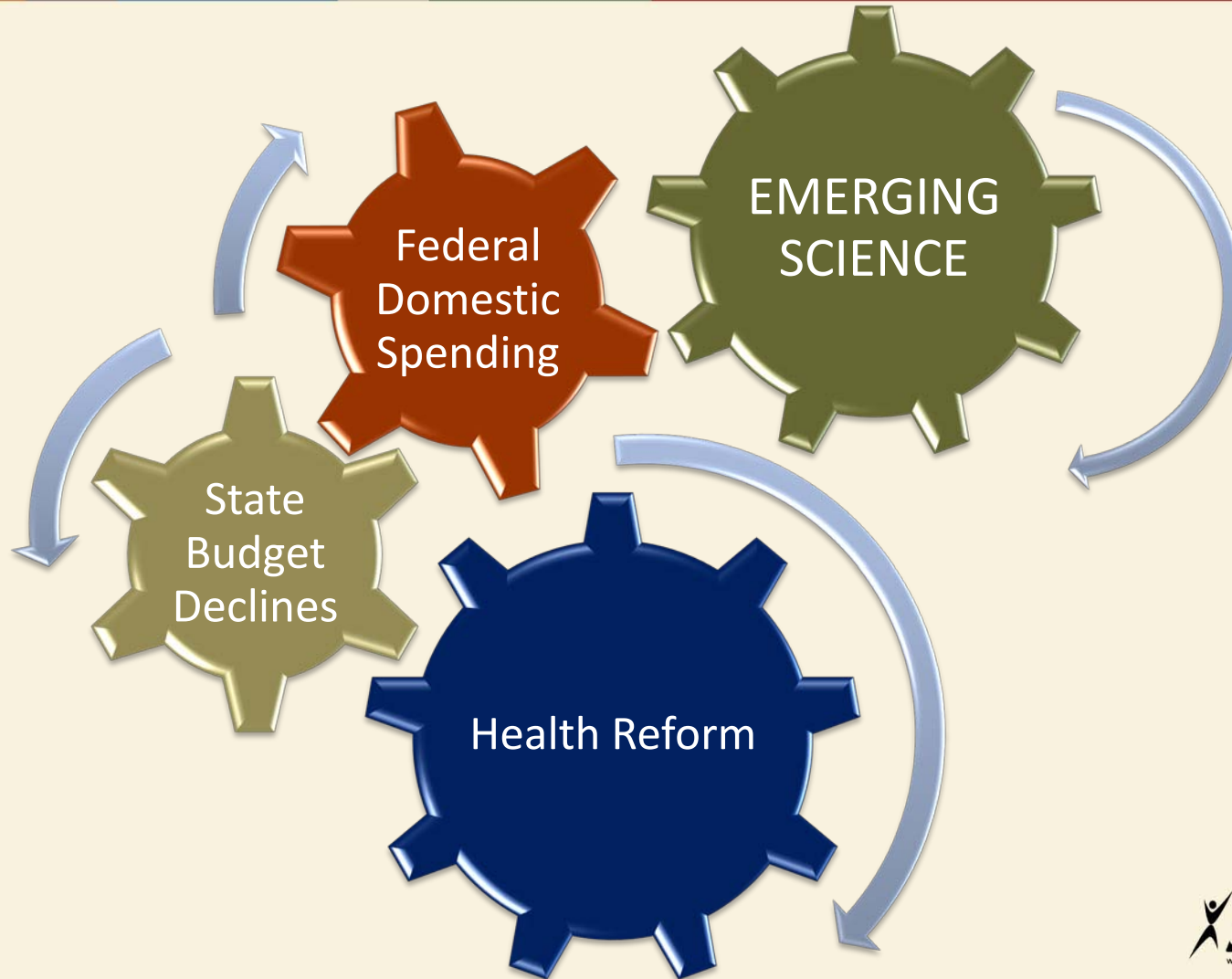
## → Science and understanding has evolved

- Not yet a common language
- No system in place to move to scale innovative practices and systems change that promotes recovery
- Behavioral health still seen as moral failure or social problem

# CONTEXT OF CHANGE – 2

- ➔ Integrated care requires new thinking
  - About recovery, wellness, role of peers
  - Responding to whole health needs; not just one disease
  
- ➔ Evolving role and new opportunities for behavioral health in health care
  - Parity/Health Reform
  - Tribal Law and Order Act
  - National Action Alliance for Suicide Prevention

# DRIVERS OF CHANGE



# STAYING FOCUSED DURING CHANGE



# SAMHSA'S STRATEGIC INITIATIVES

*AIM: Improving the Nation's Behavioral Health (1-4)*

*AIM: Transforming Health Care in America (5-6)*

*AIM: Achieving Excellence in Operations (7-8)*

1. Prevention

2. Trauma and Justice

3. Military Families

4. Recovery Support

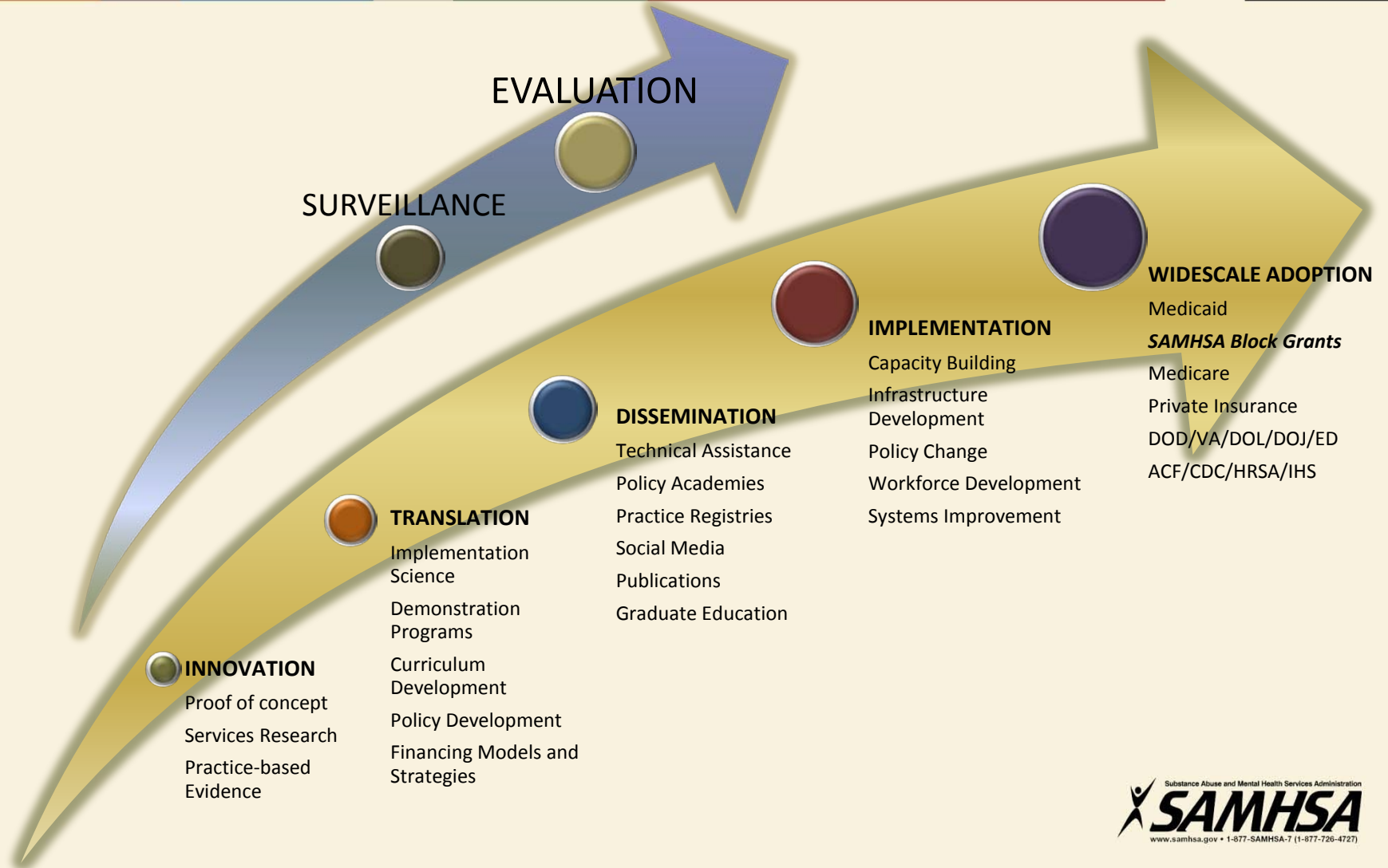
5. Health Reform

6. Health Information Technology

7. Data, Outcomes & Quality

8. Public Awareness & Support

# SAMHSA'S THEORY OF CHANGE



# SAMHSA BUDGET: FY 2011 to FY 2014

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→ Focusing on the Strategic Initiatives & SAMHSA's Leadership Role

<http://store.samhsa.gov/shin/content/SMA11-4629/01-FullDocument.pdf>

→ Revised Approach to Grant-Making

→ Implementing a Theory of Change

→ Efficient & Effective Use of Limited Dollars

→ Regional Presence - Staff Focus on States/Regions

# HEALTH REFORM

## IMPACT OF AFFORDABLE CARE ACT

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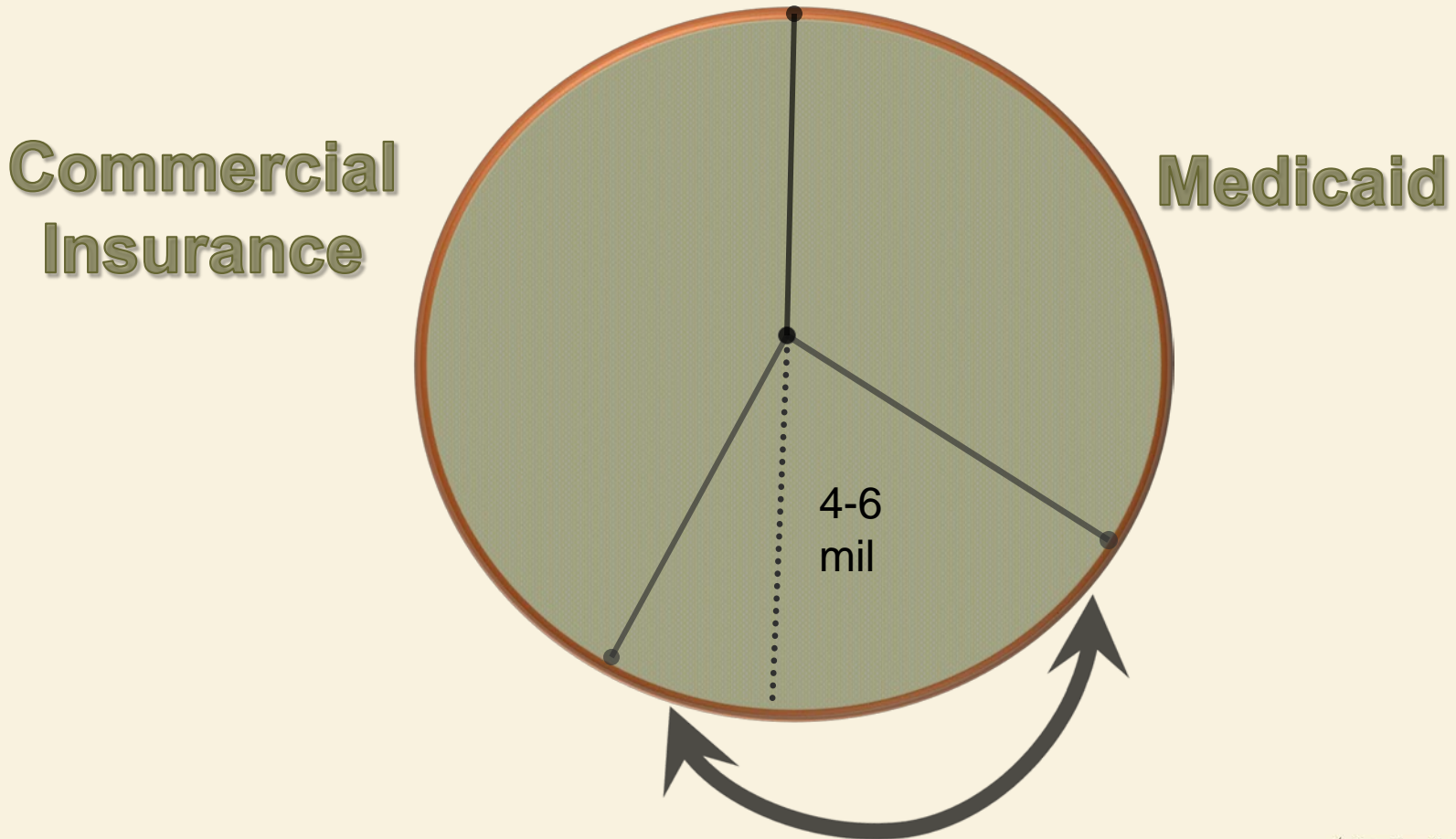
- More people will have insurance coverage
- Medicaid (and States) will play a bigger role in M/SUDs
- Focus on primary care & coordination w/ specialty care
- Emphasis on home & community-based services; less reliance on institutional & residential care (health homes)
- Priority on prevention of diseases & promoting wellness
- Focus on quality rather than quantity of care (HIT, accountable care organizations)
- Behavioral health is included – parity

# ACA BENEFITS FOR BEHAVIORAL HEALTH – EXAMPLES YEAR ONE

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- ➔ Free Preventive Care, including Alcohol and Depression screening
- ➔ Rebates to Help Cover Medicare Part D “Donut Hole” Expenses
- ➔ Removal of Lifetime Limits on Health Benefits
- ➔ Young Adult Coverage on Parents’ Insurance Plans Up to Age 26
- ➔ No Exclusion for Children with Pre-Existing Conditions
- ➔ New Workforce Resources, Including for BH Professionals
- ➔ Promulgated Rules and Regs Include M/SUDs
- ➔ Health Homes Expansion; Consultation on State Plans
- ➔ BH Included in National Prevention Strategy

# BEGINNING IN 2014: 32 MILLION MORE AMERICANS WILL BE COVERED

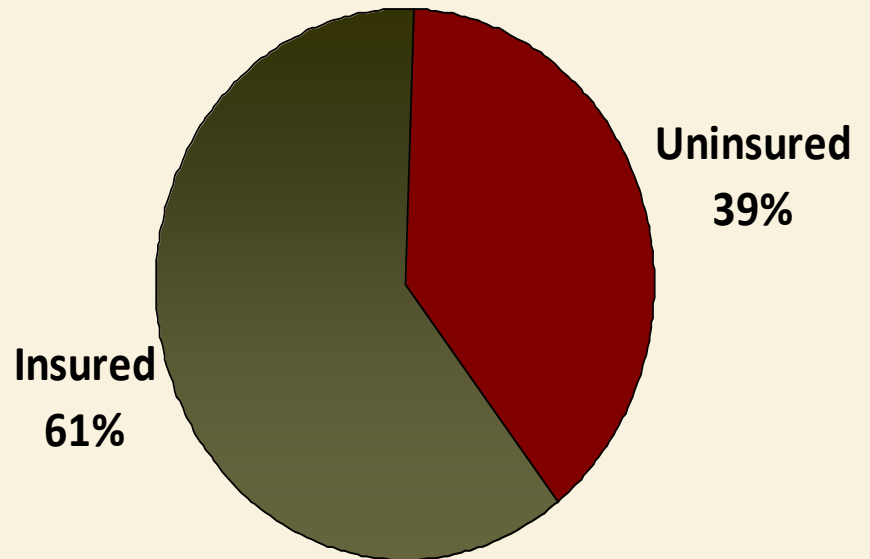
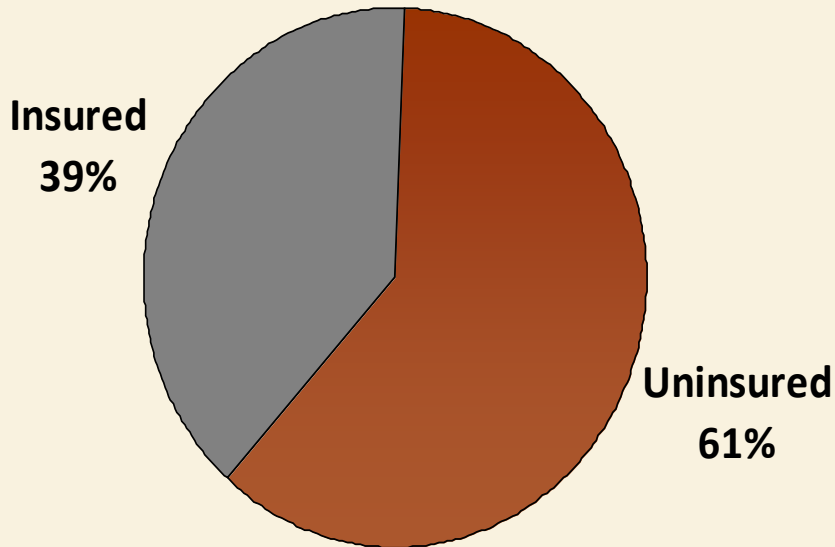


**6-10 Million with M/SUDs**

# CHALLENGES – STATE MHAs & SSAs

Individuals Served by MHAs

Individuals Served by SSAs



- 90-95 percent will have opportunity to be covered by Medicaid or through Insurance Exchanges

# CHALLENGES – EXPENDITURES & SERVICES

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- ➔ More than one-third (35 percent) of SABG funds used to support individuals in long-term residential settings
  - Some States spend 75 percent of their public behavioral health funds on children in residential settings
- ➔ CMS spends \$370 billion on dual eligibles and ~ 60 percent of these individuals have a mental disability
- ➔ Few BH practitioners trained to work with peers and/or in health homes or ACOs
- ➔ Few practitioners or programs oriented toward trauma-informed care or recovery being the goal
- ➔ Enrollment systems unclear

# CHALLENGES – PROVIDERS

- Increase in numbers insured elevates workforce and access issues; enrollment will be a huge issue
- ~One-third of SA providers and 20 percent of MH providers have no experience with third party billing
- < 10 percent of BH providers have electronic health records; even less are interoperable with health care
- Few have working agreements with health centers
- Many staff w/o credentials required through practice acts & MCOs
- Compliance knowledge and infrastructure

# SAMHSA FOCUS

- Essential Benefits
- Enrollment Strategies
- Provider Capacity (To Serve & to Bill Payers)
- State Partnerships
- Primary & Behavioral Health Care Integration
- Prevention
- Participant-Directed Care
- Good & Modern BH Services – Recovery Goal
- Quality

# RECOVERY: WORKING DEFINITION

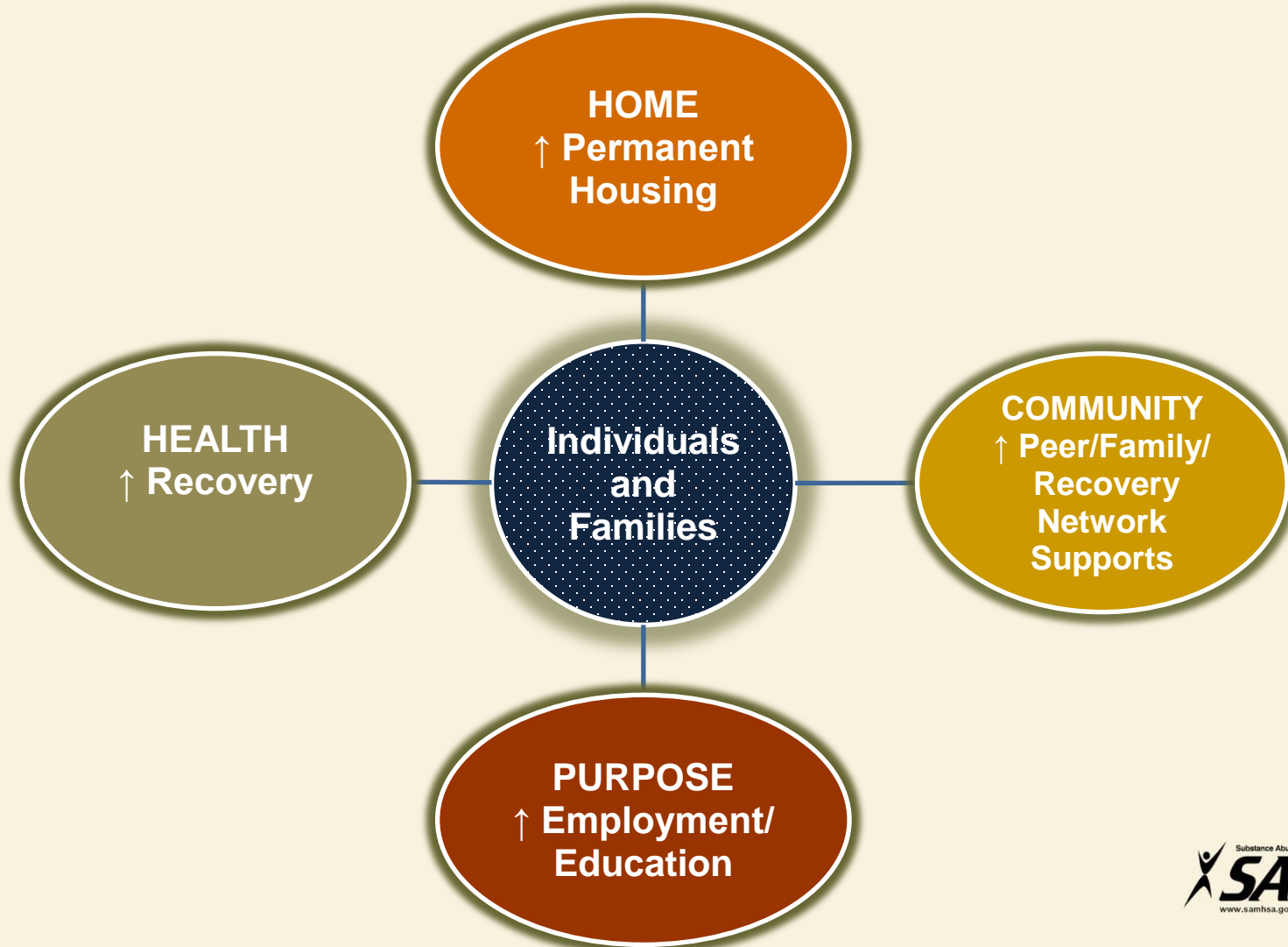
In a context in which behavioral health is essential to health, recovery is:

A process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential.

# RECOVERY PRINCIPLES



# RECOVERY CONSTRUCT



# RECOVERY ACTIVITIES – EXAMPLES

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- Recovery Support Strategic Initiative
- Recovery Support Services in Health Reform & Block Grant
- Recovery Outcome Measures
- Recovery Curricula for/with Practitioners
- Recovery TA Center (BRSS TACS)

# DATA, QUALITY AND OUTCOMES

National Behavioral Health Quality Framework - building on the National Quality Strategy for Improving Health Care

6 GOALS: Prevention, Treatment and Recovery Supports that are:

- Effective
- Person- and family-centered
- Coordinated
- Evidence-based or best practices
- Safe
- Affordable & high value for cost

## 3 TYPES OF MEASURES

- SAMHSA funded programs
- Practitioner/program/system-based
- Population-based

# NATIONAL BEHAVIORAL HEALTH QUALITY FRAMEWORK (cont'd)

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- ➔ June 15 Webcast/Listening Session – 500+ people
  - Draft document on web [www.samhsa.gov](http://www.samhsa.gov)
- ➔ August 16 – SAMHSA National Advisory Council
- ➔ Working with NQF and Others on Measures
- ➔ Use of SAMHSA Tools to Improve Practices
  - Models (e.g., SPF, coalitions, SBIRT, SOCs, suicide prevention)
  - Emerging science (e.g., oral fluids testing)
  - Technical assistance capacity (e.g., trauma)
  - Partnerships (e.g., HIT meaningful use; Medicaid/Medicare)
  - Services research as appropriate

# A DIFFERENT NATIONAL DIALOGUE: THE PROBLEM

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- Behavioral Health (prevention, treatment, recovery supports) Seen As Social Problem Rather Than a Public Health Issue
- Communities/Governments Respond to Social Problems Rather Than to Health Needs of People and Community
- BH Field Has Multiple Philosophies Resulting in Multiple and Inconsistent Messages
  - Disease; disability; chronic medical condition; social reaction to difference; brain/genetic; environment/psychosocial

# PUBLIC EVENTS LEAD TO INACCURATE PUBLIC DIALOGUE

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## → Individual Blame Based on Misunderstanding

- E.g., moral judgment, discrimination, prejudice, social exclusion

OR

## → Attention to symptoms

- E.g., homelessness; drug-related gangs; child welfare issues due to addiction and mental illness; amount of jail time by persons with M/SUDs; institutional, provider, or system failures

LEADING TO

## → Insufficient responses

- E.g., increased security & police protection; tighter background checks; controlled access to weapons; legal control of perpetrators & their treatment; more jail cells, homeless shelters, institutional/system/provider oversight)

# PERCEPTION CHALLENGES

- ➔ >60% of people who experience MH problems & 90% of people who experience SA problems and need treatment do not perceive the need for care
- ➔ Suicides are almost double the number of homicides
  - 2005-2009: 55% ↑ in emergency department visits for drug related suicide attempts by men aged 21 to 34
  - 2005-2009: 49% ↑ in emergency department visits for drug related suicide attempts by women aged 50 +
- ➔ Almost as many people need SA treatment as diabetes, but only 18.3 percent vs. 84 percent receive care

# WHAT AMERICANS KNOW

## → Most Know or Are Taught:

- Basic First Aid and CPR for physical health crisis
- Universal sign for choking; facial expressions of physical pain; and basic terminology to recognize blood and other physical symptoms of illness and injury
- Basic nutrition and physical health care requirements
- Where to go or who to call in an emergency

## → Most Do Not Know and Are Not Taught:

- Signs of suicide, addiction or mental illness or what to do about them or how to find help for self or others
- Relationship of behavioral health to individual or community health or to health care costs
- Relationship of early childhood trauma to adult physical & mental/substance use disorders

# WHAT AMERICANS BELIEVE



66 percent believe treatment and support can help people with mental illness lead normal lives



20 percent feel persons with mental illness are dangerous to others



Two-thirds believe addiction can be prevented



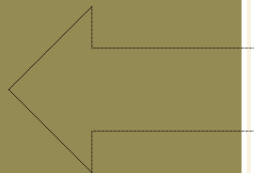
75 percent believe recovery from addiction is possible



20 percent would think less of a friend/relative if they discovered that person is in recovery from an addiction



30 percent would think less of a person with a current addiction



# SO, HOW DO WE CREATE . . .

- ➔ A national dialogue on the role of BH in public life
  
- ➔ With a public health approach that:
  - Engages everyone – general public, elected officials, schools, parents, churches, health professionals, researchers, persons directly affected by mental illness/addiction & their families
  - Is based on facts, science, common understandings/messages
  - Is focused on prevention (healthy communities)
  - Is committed to the health of everyone (social inclusion)

# HELP US CHANGE THE CONVERSATION!



**BEHAVIORAL HEALTH IS  
ESSENTIAL TO HEALTH**



**IT'S A PUBLIC HEALTH ISSUE!!!**